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LICENSE NUMBER	R: 027600001		CITY OR TOWN	DEERFIELD	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	HOTEL WARRE	EN INC.			
DOING BUSINESS	A HOT-L-WARR	EN			
ADDRESS 13 ELM	ST.				
CITY/TOWN: DEI	ERFIELD	STATE: MA	ZIP CODE:	01373	
MANAGER: SHE	A, BETSY B. T	YPE OF LICENSE:0	General on Coremise	ATEGORY: All Alcohol	[
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					
OFFICE, DINING R	OOM HAS ONE E 2 EXITS AND TH	XIT,TAP ROOM H IE STORAGE IS IN	AGE IN CELLAR,KI' AS ONE ENTRANCE CELLAR KITCHEN		
I hereby certify and s	swear under penalti	es of perjury that:			
		* *	he same premises now		
	=		mmonwealth relating	o taxes; and	
3. the premi	ses are now open to	or business (If not ex	plain below)		
SIGNED BY	Individual, Partn	er or Authorized Co	rporate Officer		
SIGNED BY	Individual, Partn	er or Authorized Co	rporate Officer		
SIGNED BY	Individual, Partn	er or Authorized Co	rporate Officer		
DATE:		er or Authorized Co	EMPLOYE	R IDENTIFICATION NUMBER	
			EMPLOYE	R IDENTIFICATION NUMBER dividual Social Security Number	
DATE: We the undersigne Acts of 2004, signe	TELEPHO d, attest that we a d by the building i	ONE NUMBER: re in possession (1) inspector and the ho	EMPLOYE (Note: <u>NOT</u> In the certificate required of the fire depart	dividual Social Security Number;)
DATE: We the undersigne Acts of 2004, signer named license and of 2010. Please Check Below:	TELEPHO d, attest that we a d by the building i	ONE NUMBER: re in possession (1) inspector and the ho	EMPLOYE (Note: <u>NOT</u> In the certificate require ead of the fire depart surance required by	ed by Chapter 304 of the ment for the above)
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHO d, attest that we a d by the building i	ONE NUMBER: re in possession (1) inspector and the ho	EMPLOYE (Note: <u>NOT</u> In the certificate require ead of the fire depart surance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts)
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHO d, attest that we a d by the building i (2) the certificate	ONE NUMBER: re in possession (1) inspector and the ho	EMPLOYE (Note: NOT In the certificate required of the fire depart is urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts)
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED:	TELEPHO d, attest that we a d by the building i (2) the certificate	ONE NUMBER: re in possession (1) inspector and the ho	EMPLOYE (Note: NOT In the certificate required of the fire depart is urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts)
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHO d, attest that we a d by the building i (2) the certificate	ONE NUMBER: re in possession (1) inspector and the ho	EMPLOYE (Note: NOT In the certificate required of the fire depart is urance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts)



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LICENSE NUMBER	:027600003		C	ITY OR TOWN	DEERFIEL	.D
APPLICATION FOR	RENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	WILLIAM D. WO	OLFRAM				
DOING BUSINESS	A WOLFIE'S RES	TAURANT				
ADDRESS 52 S. MA	IN STREET					
CITY/TOWN: DEE	RFIELD	STATE:	MA	ZIP CODE:	01373	
MANAGER:	TY	PE OF LICEN	SE:Resta	urant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
1	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAI	L ADDRESS		_
DESCRIPTION OF I	LICENSED PREMI	ISES:				
DINING ROOM IN I WITH ONE ENTRY SIDE WITH REAR I	AND EXIT DOOR	ON SOUTH S				
I hereby certify and s	wear under penaltie	s of perjury tha	ıt:			
1. the renewe	ed license will be of	the same type	for the sa	me premises now	licensed;	
2. the license	ee has complied with	h all laws of the	e Commo	nwealth relating t	to taxes; and	
3. the premis	ses are now open for	r business (If no	ot explain	below)		
SIGNED BY				0.00		
	Individual, Partne	r or Authorized	I Corpora	te Officer		
DATE:	THE HOUSE	W 1 W 1 W 1 W 1 W 1		EMDL OVE		TION NUMBER:
DITTE.	TELEPHON	NE NUMBER:				Security Number)
						•
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	spector and th	ne head o	f the fire depart	ment for the	above
Please Check Below:				LOCAL LICENS	SING AUTHO	ORITY
APPROVED:				By:		
DISAPPROVED:	•)					
(If disapproved expla	ın <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 027600005		CITY OR TOWN	DEERFIELD
APPLICATION FOI	R RENEWAL:	Annual	LICE	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 723 GRE	EENFIELD RD			
CITY/TOWN: DEF	ERFIELD	STATE: M	ZIP CODE:	01342
MANAGER:	TY	PE OF LICENSE:	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF ONE STORY 2 DIN WESTERLY SIDE (ING ROOMS, BAR		APPROX. 77'X49' LC	OCATED ON THE
I hereby certify and s		s of perjury that:		
2. the licens		all laws of the Co	the same premises nov ommonwealth relating xplain below)	
SIGNED BY	Individual, Partner	r or Authorized Co	orporate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed	d by the building in	e in possession (1) spector and the h) the certificate requi nead of the fire depar	red by Chapter 304 of the
Acts of 2004, signed named license and	d by the building in (2) the certificate of	e in possession (1) spector and the h) the certificate requinead of the fire deparnsurance required by	red by Chapter 304 of the ment for the above



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LICENSE NUMBE	R: 027600006		CJ	ITY OR TOV	VN DEERFIE	ELD
APPLICATION FO	R RENEWAL:	Annua	1	LIC	ENSED FOR	2013
		CLAS	S			YEAR
LICENSEE NAME:	POLISH AMER	RICAN CITIZENS	CLUB			
DOING BUSINESS	A POLISH AME	ERICA CITIZENS	CLUB			
ADDRESS 46 S. M	AIN ST.					
CITY/TOWN: DE	ERFIELD	STATE:	MA	ZIP CODE	: 01373	
MANAGER: FYE	DENKEVEZ, 7 PHEN	TYPE OF LICENS	E:Club		CATEGORY	: All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER Y	OUR EMAII	ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:				
SINGLE FLOOR, 6	ROOMS with ba	ar, lounge, hall and	new add	ition of outsi	de smoking are	a
I hereby certify and	swear under penal	ties of perjury that:				
1. the renev	ved license will be	of the same type for	or the sar	ne premises r	now licensed;	
2. the licens	see has complied v	vith all laws of the	Commor	ıwealth relatii	ng to taxes; and	I
3. the prem	ises are now open	for business (If not	explain	below)		
SIGNED BY	Individual, Part	ner or Authorized	Corporat	e Officer		
DATE:	TELEPH	ONE NUMBER:				ATION NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	inspector and the	e head of	the fire dep	artment for th	e above
Please Check Below:			J	LOCAL LICE	ENSING AUTI	HORITY
APPROVED:]	Ву:		
DISAPPROVED:						
(If disapproved expl	am <i>)</i>					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED E	BY LICENSEES DURING	THE MON7	TH OF NOVEMBE	R (M.G.L. Ch. 138 \$	16A)



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0009	CITY OR TOWN	DEERFIELD
WAL: Annual	LICENS	ED FOR 2013
CLASS		YEAR
ORIC DEERFIELD INC.		
RFIELD INN		
T		
STATE: M	IA ZIP CODE:	01342
I, TYPE OF LICENSE	:Innholder CA	TEGORY: All Alcohol
SO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
ED PREMISES:		
		OOMS. SOUTH
der penalties of perjury that:		
se will be of the same type for	the same premises now l	icensed;
omplied with all laws of the C	ommonwealth relating to	taxes; and
ow open for business (If not e	explain below)	
dual, Partner or Authorized Co	orporate Officer	
ΓELEPHONE NUMBER:		IDENTIFICATION NUMBER:
	(Note: NOT Indiv	vidual Social Security Number)
building inspector and the l	nead of the fire departm	ent for the above
	LOCAL LICENSI	NG AUTHORITY
	By:	
		
	WAL: Annual CLASS ORIC DEERFIELD INC. RFIELD INN OF STATE: MELT, TYPE OF LICENSE SO VISIT OUR WEBSITE AND ENTER YOUR DEED PREMISES: GE AND DINING ROOMS, 24 FIRST AND SECOND FLIE der penalties of perjury that: se will be of the same type for complied with all laws of the Cow open for business (If not expended and person of the Cow open for business (If not expended and person of the Cow open for business (If not expended and person of the Cow open for business (If not expended and person of the Cow open for business (If not expended and person of the Cow open for business (If not expended and person of the Cow open for business (If not expended and person of the Cow open for business (If not expended and person of the Cow open for business (If not expended and person open for business (If not e	WAL: Annual LICENS CLASS ORIC DEERFIELD INC. RFIELD INN T O STATE: MA ZIP CODE: LI, TYPE OF LICENSE: Innholder CA SO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS ED PREMISES: GE AND DINING ROOMS.2ND FLR; 11 GUEST ROTH FIRST AND SECOND FLRS der penalties of perjury that: See will be of the same type for the same premises now I complied with all laws of the Commonwealth relating to ow open for business (If not explain below) TELEPHONE NUMBER: EMPLOYER: (Note: NOT Individual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER: (Note: NOT Individual) inspector and the head of the fire department of liquor liability insurance required by Corporate Officate of liquor l



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LICENSE NUMBER	R: 027600010		CITY OR TOWN	DEERFIEL	.D
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	VYASAM INC.				
DOING BUSINESS	A CONWAY ROAD	NEIGHBORS			
ADDRESS 242 CO	NWAY RD				
CITY/TOWN: DEI	ERFIELD	STATE: MA	ZIP CODE:	01373	
MANAGER: SHA	RMA, REENA TYPI	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:		_			
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
ONE FLOOR APPR	OX 1200 SQ FT				
2. the licens	yed license will be of the ee has complied with a ses are now open for b Individual, Partner of	all laws of the Compusiness (If not explain	nonwealth relating to		
	marviduai, r armer c	7 Authorized Corpc	orate Officer		
DATE:			EMPLOYED	IDENTIFICATE	TON NUMBER
DATE.	TELEPHONE	NUMBER:	(Note: NOT Ind		TON NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: Land (If disapproved explain)	ain)				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	ENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02/60	0013	CITY OR TOWN DEERFIE	LD
APPLICATION FOR RENI	EWAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: PHIL DOING BUSINESS A SAV			
ADDRESS 470 GREENFIE	LD RD		
CITY/TOWN: DEERFIEL	D STATE: MA	ZIP CODE: 01342	
MANAGER:	TYPE OF LICENSE: P	Cackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
ONE FLOOR 500 SQ FT, 4	30 SQ FT STORAGE AREA		
 the renewed licer the licensee has of 	nder penalties of perjury that: use will be of the same type for the complied with all laws of the Country now open for business (If not ex	mmonwealth relating to taxes; and	
SIGNED BY Indiv	idual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0276	500014	Cl	TY OR TOWN	DEERFIEL	D
APPLICATION FOR REN	IEWAL:	Annual	LICENS	SED FOR 20	13
	(CLASS			YEAR
LICENSEE NAME: DEE	RFIELD SPIRIT SHOP	PPE,INC.			
DOING BUSINESS A					
ADDRESS 20 ELM STRE	ET				
CITY/TOWN: DEERFIE	LD STA	ГЕ: МА	ZIP CODE:	01373	
MANAGER: SCHECHT STEVEN	ERLE, TYPE OF LI	CENSE: Packaş	ge Store CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAII	ADDRESS		ı
DESCRIPTION OF LICEN	NSED PREMISES:				
ONE ROOM DISPLAY A GROUND FLOOR. STOR		E ROOM INV	ENTORY STORA	AGE AREA,	
3. the premises are	complied with all laws on the now open for business vidual, Partner or Author	(If not explain	below)	taxes; and	
IIIdi	vidual, i artifer of riddie	Tized Corporat	e officer		
DATE:	TELEPHONE NUMB	BER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	DRITY
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	12/600015		CITY OR TOV	VN DEEKFIE	LD
APPLICATION FOR F	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: NO DOING BUSINESS A		n, LLC			
ADDRESS 729 Greenf	ield Rd				
CITY/TOWN: DEER	FIELD	STATE: MA	ZIP CODE	: 01342	
MANAGER: Johnson	n, Neil K	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PRE	MISES:			
Rts 5 & 10,westerly sid rooms	e of state rd. I	Entrance facing rts 5 &	10, exit on wester	rly side. One sto	ory two
3. the premises	s are now open	with all laws of the Confor business (If not expenses) there or Authorized Conformation	olain below)	ng to taxes; and	
DATE:	TELEPH	IONE NUMBER:		OYER IDENTIFICATION IN Γ Individual Social S	
Please Check Below: APPROVED:			LOCAL LICI By:	ENSING AUTH	ORITY
DISAPPROVED:			·		
(If disapproved explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 02/600022		CITY OR TO	IWN DEEKFIE	LD
APPLICATION FO	OR RENEWAL:	Annual	LI	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME	E: YANKEE CAI	NDLE RESTAURANT	CORP.		
DOING BUSINES	S A CHANDLER	'S TAVERN			
ADDRESS 23 GRI	EENFIELD RD				
CITY/TOWN: DE	EERFIELD	STATE: MA	ZIP COD	E: 01373	
MANAGER: MC GR	ONETTE, EGORY E.	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PRE	EMISES:			
SEE ATTACHME	NT IN FILE.				
I hereby certify and	l swear under pena	alties of perjury that:			
1. the rene	wed license will be	e of the same type for the	ne same premises	now licensed;	
2. the licer	see has complied	with all laws of the Con	nmonwealth rela	ting to taxes; and	
3. the pren	nises are now open	n for business (If not exp	plain below)		
SIGNED BY	T. 41 14 .1 D.		Off		
	individual, Pai	rtner or Authorized Cor	porate Officer		
DATE:					
DATE.	TELEPH	HONE NUMBER:		OYER IDENTIFICATION DESCRIPTION OYER IDENTIFICATION OYER IDENT	
			` _		
Acts of 2004, sign	ed by the building	e are in possession (1) t g inspector and the he te of liquor liability ins	ad of the fire de	epartment for the	e above
Please Check Below:			LOCAL LIC	CENSING AUTH	IORITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					
DAIE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 02/600026		CITYO	RIOWN	DEEKFIE	LD
APPLICATION FO	OR RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
	E: MAGICAL WINGS S A BUTTERFLY BLU REENFIELD RD.					
CITY/TOWN: DE	EERFIELD	STATE: MA	ZIP	CODE:	01373	
MANAGER: MII E.	LLER,GEORGE TYPE	E OF LICENSE: Res	taurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
DESCRIPTION O	PLEASE ALSO VISIT OUR WEB F LICENSED PREMISE		IAIL ADDRE	SS		_
 the rene the licer 	I swear under penalties of wed license will be of the nsee has complied with a nises are now open for b	ne same type for the	nonwealt	h relating t		
SIGNED BY	Individual, Partner o	or Authorized Corpo	rate Offi	cer		
DATE:	TELEPHONE	NUMBER:	(No			TION NUMBER: Security Number)
Acts of 2004, sign	ned, attest that we are in ed by the building insp d (2) the certificate of l	ector and the head	of the f	ire depart	ment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] blain)		LOCA By:	L LICENS	SING AUTH	ORITY
DATE:						
						



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LICENSE NUMBER	: 027600027		CITY OR TOWN	DEERFIEL	.D
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	CIRCLE K MAS	SACHUSETTS, LLC			
DOING BUSINESS	A CIRCLE K				
ADDRESS 1 GREEN	NFIELD ROAD				
CITY/TOWN: DEE	RFIELD	STATE: MA	ZIP CODE:	01373	
MANAGER: VIGU	JE,MELISSA T	YPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:		-			
DESCRIPTION OF I		WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
2. the license 3. the premis	ed license will be one has complied wi	of the same type for the ith all laws of the Comor business (If not exp	monwealth relating to		
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY	Y LICENSEES DURING THE N	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600028		CITY OR TOWN	DEERFIEL	.D
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: SMITA & B	HAVIK, INC			
DOING BUSINESS A GARDEN	CITY MARKET			
ADDRESS 55C NORTH MAIN ST	Γ			
CITY/TOWN: DEERFIELD	STATE: MA	ZIP CODE:	01373	
MANAGER: PATEL, SMITA	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		-
DESCRIPTION OF LICENSED PL	REMISES:			
FIRST FLOOR RETAIL GROCER	RY WITH 2 ENTRANCES			
I hereby certify and swear under pe	nalties of perjury that:			
1. the renewed license will	be of the same type for the	e same premises now	licensed;	
2. the licensee has complie	ed with all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now op	en for business (If not expl	lain below)		
SIGNED BY				
Individual, F	Partner or Authorized Corp	orate Officer		
DATE: TELEI	PHONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			DIG ANTENIA	
APPROVED:		LOCAL LICENS	ING AUTHO	JRII Y
DISAPPROVED:		By:		
(If disapproved explain)		-		
DATE:				



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LICENSE NUMBER: 027600029	(CITY OR TOWN DEERFIELD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: MMAAB INC.			
DOING BUSINESS A ALINAS			
ADDRESS 6B ELM STREET			
CITY/TOWN: DEERFIELD	STATE: MA	ZIP CODE: 01373	
MANAGER: BARRAZA, TYPE MARTIN AMAYA	E OF LICENSE: Resta	aurant CATEGORY: All Alcohol	I
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
APPROX. 1450 SQ FT WITH SEATING OPERSONSFRONT AND REAR EXITS	CAPACITY OF55 PE	ERSONS AND OCCUPANCY OF85	
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the		_	
2. the licensee has complied with a		<u> </u>	
3. the premises are now open for b	ousiness (If not explain	n below)	
GIGNED DV			
SIGNED BY Individual, Partner of	or Authorized Corpora	ate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER	:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building insp	ector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts	!
Acts of 2004, signed by the building insp named license and (2) the certificate of 1 of 2010.	ector and the head	of the fire department for the above	:
Acts of 2004, signed by the building insp named license and (2) the certificate of E of 2010. Please Check Below: APPROVED:	ector and the head	of the fire department for the above ance required by Chapter 116 of the Acts	:
Acts of 2004, signed by the building insp named license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	ector and the head	of the fire department for the above ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	•
Acts of 2004, signed by the building insp named license and (2) the certificate of E of 2010. Please Check Below: APPROVED:	ector and the head	of the fire department for the above ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	:
Acts of 2004, signed by the building insp named license and (2) the certificate of 1 of 2010. Please Check Below: APPROVED: DISAPPROVED:	ector and the head	of the fire department for the above ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY	•



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LICENSE NUMBE	ER: 027600030		CITY OR TOWN D	EERFIELD
APPLICATION FO	OR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME	: AFTER WORKS	S LLC		
DOING BUSINES	S A AFTER WORK	ζS		
ADDRESS 2A ELI	M STREET			
CITY/TOWN: DE	EERFIELD	STATE: MA	ZIP CODE:	01373
MANAGER: FA	BRY, MARK T	YPE OF LICENSE: Ge	eneral on CATI	EGORY: All Alcohol
EMAIL ADDRESS	3:	-		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	F LICENSED PREM			
APPROX. 2000 SQ REAR EXIT) FT SPLIT LEVEL	(THREE STEPS TO R	EAR LEVEL); TWO F	RONT AND ONE
I hereby certify and	swear under penalti	es of perjury that:		
1. the rene	wed license will be	of the same type for the	e same premises now lice	ensed;
2. the licer	see has complied w	ith all laws of the Com	monwealth relating to ta	ixes; and
3. the pren	nises are now open f	or business (If not expl	ain below)	
SIGNED BY	In P. 11 of Deader		OCC	
	maividuai, Parti	er or Authorized Corp	orate Officer	
DATE:			EMBLOVED ID	ENTIFICATION NUMBER.
DITTE.	TELEPHC	ONE NUMBER:		ENTIFICATION NUMBER: dual Social Security Number)
			e certificate required l d of the fire departme	
			rance required by Ch	
of 2010.				
Please Check Below:	٦		LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	loin)			
(II disappioved exp	orani)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 027	600031		CITY OR TOWN D	EERFIELD	
APPLICATION FOR RE	NEWAL:	Annual	LICENSE	D FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: PR	IMO PIZZERIA RES	STAURANT IN	C.		
DOING BUSINESS A PI	RIMO RESTAURAN	NT & PIZZERIA			
ADDRESS 4B SUGARLO	OAF STREET				
CITY/TOWN: DEERFIE	ELD S	STATE: MA	ZIP CODE:	01373	
MANAGER: SARAVIA LORENA		F LICENSE: Res	taurant CAT	EGORY: All Alcohol	
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICE					
CONSISTS OF A SINGL BAR/AREA WITH STOF AREA WITH ACCESS T	RAGE AND ENTRA	NCE/EXIT, RE	STROOMS, KITCHEN		
I hereby certify and swear	under penalties of pe	erjury that:			
1. the renewed lic	cense will be of the sa	ame type for the	same premises now lic	ensed;	
2. the licensee ha	s complied with all la	ws of the Comn	nonwealth relating to ta	exes; and	
3. the premises ar	re now open for busin	ness (If not expla	in below)		
SIGNED BY Ind	lividual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	INE NUMBER.		EMPLOYER IDENTIFICATION NUMBER: e: NOT Individual Social Security Number)	
			(Note. NOT Individ	uai Sociai Security Number)	
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspect	or and the head	of the fire departmen	nt for the above	
Please Check Below:			LOCAL LICENSIN	G AUTHORITY	
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(ii disapproved expiain)					
			-		
DATE:			-		